

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 319

PLACE OF DEATH RESIDENCE VERIFIED	1. PLACE OF DEATH A. COUNTY <b>NAVAJO</b>		B. LENGTH OF STAY IN THIS TOWN <b>1MO.</b> IN ARIZONA <b>1MO.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED.) A. STATE <b>CALIFORNIA</b> B. COUNTY <b>SAN JOAQUIN</b>		
	C. CITY OR TOWN <b>KEAMS CANYON</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>STOCKTON</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HIS HOME</b>		E. IS RESIDENCE ON A FARM? <input type="checkbox"/>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>2765 W. CHRISTINA AVE.</b>		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <b>ROBERT SIBLEY ARCHAMBAULT</b>			4. SEX <b>MALE</b>	5. COLOR OR RACE <b>WHITE</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	
	6B. NAME OF SPOUSE <b>MARJORIE</b>		7. DATE OF BIRTH MONTH <b>JAN.</b> DAY <b>4</b> YEAR <b>1913</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>52 YRS.</b>	IF UNDER 1 YEAR MONTHS <b>10</b> DAYS <b>MO 25DA.</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>ACCOUNTANT</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>ACCOUNTING</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>SOUTH DAKOTA</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>YES W.W. II</b>	
	13. SOCIAL SECURITY NO. <b>565-22-784C</b>		14A. FATHER'S NAME <b>JOSEPH W. ARCHAMBAULT</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>SOUTH DAKOTA</b>		
	15A. MOTHER'S MAIDEN NAME <b>MARY G. GATES</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>SOUTH DAKOTA</b>		16. INFORMANT'S SIGNATURE <b>Marjorie Archambault</b>		
#31X CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† (A) <b>Compulsion and edema of lungs</b> DUE TO (B) <b>Subacute myocarditis</b> DUE TO (C) <b>Fatty liver</b>  II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b> <b>day to hrs.</b> <b>Month</b>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>D.O.A.</b> , 19 <b>8:30</b> , TO <b>8:30</b> , 19 <b>AM</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>8:30</b> , 19 <b>AM</b> , AND THAT DEATH OCCURRED AT <b>8:30</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <b>Robert D. Smith</b> (DEGREE OR TITLE) <b>Box 1311 Prescott</b>				22C. DATE SIGNED <b>12/15/65</b>
DEATH DUE TO INTERNAL FORCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE <b>Ross M. Spade</b>		24B. ADDRESS <b>HOLBROOK, ARIZONA</b>		24C. DATE SIGNED <b>NOV. 30, 1965</b>		
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <b>DEC. 1, 1965</b>		25C. NAME OF CEMETERY OR CREMATORY <b>SUNSET MEMORIAL CEMETERY</b>		
FUNERAL DIRECTOR AND REGISTRAR	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>ALBUQUERQUE, BERNALILLO</b>		26A. DATE REC. BY LOCAL REG. <b>12-10-65</b>		26B. REGISTRAR'S SIGNATURE <b>Lenora M. Abeita</b>		
	26C. REGISTRAR'S SIGNATURE <b>Lenora M. Abeita</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Helmut R. Wald</b>		27B. ADDRESS <b>HOLBROOK, ARIZONA</b>		
28A. EMBALMER'S SIGNATURE <b>Helmut R. Wald</b>		28B. EMBALMER'S CERT. NO. <b>290</b>					